

# IN THE SUPREME COURT OF THE STATE OF ALASKA

## DOCKETING STATEMENT B

**For Use With Petitions for Hearing, Petitions for  
Review, and Original Applications and  
as a Notice of Intent to File Sentence Petition**

**INSTRUCTIONS FOR MULTIPLE PARTIES OR ATTORNEYS:** If there are multiple parties or attorneys, repeat the appropriate box. This may be done on a separate page. Please clearly indicate which attorney represents which party.

(for court system use)

No. \_\_\_\_\_

### 1. TYPE OF PETITION

Type of Petition	Court of Appeals or Superior Court Case Number	Date of Distribution of Decision or Order to be Reviewed	Superior Court Judge	Subsequent Proceedings
a. <input type="checkbox"/> Petition for Hearing from Court of Appeals				Petition for Rehearing: <input type="checkbox"/> not filed <input type="checkbox"/> filed. Date filed: _____ <input type="checkbox"/> Date of distribution of order denying petition: _____
b. <input type="checkbox"/> Petition for Hearing from Superior Court				
c. <input checked="" type="checkbox"/> Petition for Review <input type="checkbox"/> Notice of Intent to file Sentence Petition	3AN-20-08354	10/8/20	Guidi	Motion for Reconsideration: <input checked="" type="checkbox"/> not filed <input type="checkbox"/> filed. Date filed: _____ <input type="checkbox"/> denied by order distribution: _____ <input type="checkbox"/> deemed denied under Civil Rule 77(k)(4).
d. <input type="checkbox"/> Original Application <input type="checkbox"/> from Court of Appeals case No. _____ <input type="checkbox"/> from trial court case. No. _____ <input type="checkbox"/> Other. Explain: _____				Judge _____

### 2. PETITIONER

a. Name The Alaska Center Education Fund, et al.	b. Status in the Trial Court <input checked="" type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant
c. Petitioner Mailing Address (not attorney's address) c/o Perkins Coie LLP	<input type="checkbox"/> Other. Specify: _____
City State Zip Code Anchorage AK 99501	d. Telephone 907-263-6955

### 3. PETITIONER'S ATTORNEY

a. Name Kevin Feldis	b. Bar Number 9711060
c. Attorney Mailing Address 1029 W 3rd Ave., Suite 300	d. Telephone 907-263-6955
City State Zip Code Anchorage AK 99501	e. Fax 907-276-3108
f. Firm/Agency Perkins Coie LLP	

### 4. RESPONDENT

a. Name Gail Fenumiai, et al.	b. Status in the Trial Court <input type="checkbox"/> Plaintiff <input checked="" type="checkbox"/> Defendant
c. Respondent Mailing Address PO Box 110117	<input type="checkbox"/> Other. Specify: _____
City State Zip Code Juneau AK 99801	d. Telephone 907-465-4611

## 5. RESPONDENT'S ATTORNEY

a. Name Jessie Alloway			<input type="checkbox"/> Court Apptd	b. Bar Number 1205045	
c. Attorney Mailing Address 123 4th St., Ste. 600				d. Telephone 907-465-3600	e. Fax 907-465-2520
City Juneau	State AK	Zip Code 99801	f. Firm/Agency State of Alaska; Dept. of Law		

## 6. CONSTITUTIONAL ISSUES

Is the constitutionality of a state statute or regulation at issue in this proceeding?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, cite statute or regulation: <u>AS 15.20.203; AS 15.20.081</u>			

## 7. SENTENCE PETITIONS ONLY

a. <input type="checkbox"/> Excessiveness of the sentence is the ONLY issue.
b. <input type="checkbox"/> A transcript of the sentencing proceeding is requested because Petitioner is indigent. (If petitioner has not been adjudicated indigent by the trial court, a completed, financial statement affidavit form must be attached.)

## 8. ATTACHMENTS

The following items are submitted with this form ( <b>a, b, or c must be check unless this is a notice of intent to file sentence petition</b> ):	
a. <input checked="" type="checkbox"/> The original petition for review and SIX copies or	<input type="checkbox"/> petition for hearing from the superior court and SIX copies; OR
b. <input type="checkbox"/> The original petition for hearing from the court of appeals and NINE copies; OR	
c. <input type="checkbox"/> The original application and SIX copies.	
d. <input checked="" type="checkbox"/> A copy of the judgment or order from which relief is sought attached to the original petition and EACH copy.	
e. <input checked="" type="checkbox"/> A \$250 filing fee or	<input type="checkbox"/> a motion to appeal at public expense (financial statement affidavit form must be included).
	<input type="checkbox"/> a motion to waive filing fee (if basis for motion is inability to pay, financial statement affidavit form must be included).
	<input type="checkbox"/> no filing fee is required because appellant is
	<input type="checkbox"/> represented by court-appointed counsel.
	the state or an agency thereof.
	<input type="checkbox"/> an employee appealing denial of benefits under AS 23.20 (Employment Security Act)
f. A motion for expedited action	<input checked="" type="checkbox"/> submitted <input type="checkbox"/> not submitted.
g. A motion for stay of trial court proceedings	<input type="checkbox"/> submitted <input type="checkbox"/> not submitted

2020-10-19

Date

s/Kevin Feldis

Signature of Petitioner or Petitioner's Attorney

## CERTIFICATE OF SERVICE

I certify that on _____ a copy of this docketing statement and all attachments (except filing fee) were		
mailed	delivered	to <b>All Parties</b> in the trial court (listed)
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
Signature: _____		